1391535

FORM D

Washington, D.C. 20549

MAR 2 6 2007

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Ergo-Asyst Technology LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	Droe
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	07049360
1. Enter the information requested about the issuer	0/049360
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Ergo-Asyst Technology LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
11530 Fountainhead Drive Tampa, FL 33626	305-832-01 <u>2</u> 8
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephon Processes
Brief Description of Business	7. APR 11 9 2007
development, acquisition and licensing of intellectual property	E APR 0 9 2007 THOMSON
Type of Business Organization	FINANCIAL
	olease specify):
business trust limited partnership, to be formed lin	ited liability company
Month Year Actual or Estimated Date of Incorporation or Organization: 0 1 0 7 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	mated
CN for Canada; FN for other foreign jurisdiction)	 60

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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er see e	1 2	A. BASIC ID	ENTIFICATION DATA		
Enter the information re	quested for the fol	llowing:			
• Each promoter of t	he issuer, if the iss	suer has been organized v	vithin the past five years;		•
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
Each executive off	icer and director o	f corporate issuers and of	corporate general and mai	naging partners of	partnership issuers; and
 Each general and r 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			· · · · · · · · · · · · · · · · · · ·	****
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply;	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	odc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				- 1
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	······	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)	

	•	. 12 -			B. II	NFORMAT	ION ABOU	T OFFERI	NG			je sven Jestian	
1.	Unc the	icenar col	d, or does t	ha icenae ii	ntand to ca	II to non a	ccredited i	nyastors in				Yes	No 🛣
١.	iias uic	155001 501	u, or does n								******************	Ľ	E
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										s 40,	00.00		
2. What is the infinition divestment that will be accepted from any individual.									••••••	Yes	No		
3.	Does th	ne offering	permit join	t ownershi	p of a sing	le unit?				***************************************			
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, are commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering lf a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									he offering. with a state	:		
Ful	I Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (N	Number and	d Street, C	ity, State, Z	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	tes in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)			•••••				☐ Al	l States
	ΔL	ĀK	ΛZ	AR	СЛ	CO	CT	DE	DC	FL	GA	ΉΙ	[D]
	IL MT	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
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Ful	II Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	e Address ()	Number an	d Street, C	lity, State,	Zip Code)						<u>-</u> .
Na	me of As	sociated B	roker or De	aler									<u> </u>
810	tes in W	hich Desco	n Listed Ha	c Soliaited	or Intende	to Solicit	Durchacara						
Sta			s" or check									□ Al	1 States
	AL IL	AK IN	AZ IA	(KS)	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	I Name (Last name	first, if ind	ividual)					• •				
_			-										
Bu:	siness or	r Residence	e Address (1	Number an	d Street, C	ity, State, I	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	tes in Wi	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						,
	(Check	"All State	s" or check	individual	States)	****************	•••••	••••••				☐ Al	l States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL NATE	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT R1	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH]	OK WI	OR WY	PA PR

C OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		•
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$_1,000,000.00	<u>\$_640,000.00</u>
	☐ Common ☑ Preferred	`. ``	. * *
	Convertible Securities (including warrants)	s	\$
	Partnership Interests		\$
	Other (Specify)	\$	· \$
	Total	<u>_1,000,000.00</u>	\$_640,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	1 =	•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	1	* -**
	kan sana kan sana sana sana sana sana sa	Number	Aggregate Dollar Amount
	· · · · · · · · · · · · · · · · · · ·	- Investors	of Purchases \$ 640,000.00
	Accredited Investors		\$ 0.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.	19 1	
3.	sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		rr 1
	Type of Offering	Type of Security	Dollar Amount
	Rule 505		S .
	Regulation A	S &	\$
	The state of the s	Fr t.	\$
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4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$_0.00
	Legal Fees		\$_15,000.00
	Accounting Fees	Z	\$ 8,000.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$_0.00
	Other Expenses (identify)		<u>\$_0.00</u>
	Total	Ø	\$_23,000.00

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	THE STATE SIGNATURE		5 30 7 Block
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
-	The second secon		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature, Date
Ergo-Asyst Technology LLC	Willit Apr 3/20/07
Name (Print or Type)	Title (Print or Type) /
WILL, AM E. BURSK Th MS	Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 3 . . . 2 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state waiver granted) investors in State amount purchased in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No **Investors** Yes No State Amount **Investors** Amount AL ΑK AZAR CA Class B Units \$1,000,000 CO × 2 \$80,000.00 \$0.00 X CT DE DC Class B Units \$1,000,000 FL × \$120,000.00 0 \$0.00 × Class B Units \$1,000,000 × \$40,000.00 0 \$0.00 GAX HI Class B Units 1 \$1,000,000 \$0.00 0 ID \$40,000.00 X IL IN IΑ KS ΚY LA ME MD MA ΜI MN MS

APPENDIX	

	,	2	3, 3 5								
	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		·				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
MT											
NE											
NV		+									
NH											
NJ											
NM											
NY											
NC											
ND											
ОН							<u></u>				
ок											
OR											
PA		×	Class B Units \$1,000,000	5	\$200,000.0	0	\$0.00		×		
RI											
SC											
SD											
TN											
TX		×	Class B Units \$1,000,000	1	\$40,000.00		\$0.00		×		
UT			T = 1 000 1000								
VT											
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				APP	ENDIX		· Property of the control of the con						
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Type of investor and amount purchased in State				s State waiver gr.) (Part E-Ite		ate ULOE , attach ation of granted)
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No				
WY PR			`										